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Submission Studio

Form Name: FNS-292A (4-11) [\[Commodity List\]](#)
Form Description: Disaster Relief (Commodities Distribution)
Program: Report of Commodity Distribution for Disaster Relief
State: AZ
Agency Code: 0491701 **Agency Name:** ARIZONA DEPT. OF HEALTH
Program Time: October 2018 **Revision:** 0
Submission Type: Final
Submission Status: New Submission

Save Edit Check Post Quit

Disaster Relief | Disaster Relief 2 | Disaster Relief 3 | Disaster Relief 4

4. Disaster Dates Disaster Name

5. Total # of persons receiving commodity, by county

County/Parish/Judicial Area	Total # Persons
<input type="text"/>	<input type="text"/>

[\[Delete\]](#)

Total # Persons

6. Type of Feeding

7. TYPE OF DISASTER

Presidential Declaration

Primary Type of Disaster

Secondary Types of Disaster

Flood Hurricane Other (Specify)

Tornado Earthquake

8. Name of agency(s) issuing commodity to recipients

American Red Cross Salvation Army Other (Specify Below)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Period of issuance to disaster relief recipients (MM/DD/YYYY)

From: Through:

10. Commodities Distributed

Commodity Code	Commodity Description	D.O. Number (Optional)	# of Cases	Case Weight	Case Value	Total Pounds	Total Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Insert Line [Alt-2]"/>							
Total							

11. Remarks